

SENDER:
 Complete name of sender and address.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

Is your RETURN ADDRESS completed on the reverse of this form? ☐ Yes ☐ No

3. Article Addressed to:
 Comcorp of Lafayette
 Corp.
 P.O. Box 53708
 Lafayette, LA 70505

4a. Article Number
 P 068 702 109

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
 1-25-00

5. Received By: (Print Name)
 X [Signature]

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service

P 068 702 109 0003
 009
 1/12/00

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See Reverse)

Sent to
 Comcorp of Lafayette
 Street and No.
 P.O. Box 53708
 P.O., State and ZIP Code
 Lafayette, LA 70505

Postage
 \$5.55

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, and Addressee's Address

TOTAL Postage & Fees
 \$3.20

Postmark or Date

PS Form 3800, June 1991